

## ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
<b>FEES DETERMINATION</b>			
<b>O.I.P.E. CLASSIFIER</b>		6	
<b>FORMALITY REVIEW</b>			12-28-98

## INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral)... Canceled  
 : ..... Restricted

N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Date
1	10/24/97
2	10/02/97
3	J
4	J
5	N
6	N
7	N
8	J
9	J
10	J
11	J
12	J
13	J
14	N
15	J
16	J
17	J
18	J
19	J
20	J
21	J
22	J
23	J
24	N
25	N
26	N
27	J
28	J
29	J
30	N
31	N
32	N
33	J
34	N
35	J
36	J
37	N
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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